

## PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail

Mail Stop ISSUE FEE  
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INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)

7590 08/30/2005

Mercedes K. Meyer, Ph.D., Esq.  
DRINKER BIDDLE & REATH LLP  
Suite 1100  
1500 K Street, N.W.  
Washington, DC 20005-1209

Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.

## Certificate of Mailing or Transmission

I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.

(Depositor's name)
(Signature)
(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/008,278	11/05/2001	Sydney David Finkelstein	47030.0003	2727

TITLE OF INVENTION: TOPOGRAPHIC GENOTYPING

12/01/2005 HBEYENE2 00000215 10008278

01 FC:1504	300.00 OP				
02 FC:2501	700.00 OP				
03 FC:0001	30.00 OP				
APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$700	\$300	\$1000	11/30/2005

EXAMINER	ART UNIT	CLASS-SUBCLASS
GOLDBERG, JEANINE ANNE	1634	435-006000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
- ☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02, or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
- (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

- 1 Drinker Biddle & Reath
- 2 LLP
- 3 \_\_\_\_\_

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

RedPath Integrated Pathology, Inc.

Pittsburgh, PA

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are enclosed:

- ☒ Issue Fee
- ☒ Publication Fee (No small entity discount permitted)
- ☒ Advance Order - # of Copies 10 (ten)

4b. Payment of Fee(s):

- ☒ A check in the amount of the fee(s) is enclosed.
- ☐ Payment by credit card. Form PTO-2038 is attached.
- ☒ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 50-0573 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

- ☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.
- ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above.

NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

Authorized Signature

Date

Typed or printed name

Mercedes K. Meyer, Ph.D., Esq.

Registration No.

44,939

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

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FEE TRANSMITTAL for FY 2005					Complete if known				
Patent fees are subject to annual revision.					Application Number				
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27					Filing Date				
TOTAL AMOUNT OF PAYMENT \$1030.00					First Named Inventor				
METHOD OF PAYMENT (check all that apply)					Examiner Name				
<input checked="" type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None					Art Unit				
<input type="checkbox"/> Deposit Account: Deposit Account Number <u>50-0573</u> Deposit Account Name <u>Drinker Biddle &amp; Reath LLP</u>					Attorney Docket No.				
The Director is authorized to: (check all that apply)					FEE CALCULATION (continued)				
<input type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Credit any overpayments					ADDITIONAL FEES				
<input checked="" type="checkbox"/> Charge any additional fee required under 37 CFR 1.16 and 1.17									
<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.									
FEE CALCULATION									
EXTRA CLAIMS FEES FOR UTILITY AND REISSUE									
Total Claims * -20** = 0 X * = \$0									
Independent Claims * - 3** = 0 X * = \$0									
Multiple Independent + 360/180 = \$0									
Large Fee Code Entity Fee (\$)					Small Fee Code Entity Fee (\$)				
1202 50 2202 25 Claims in excess of 20									
1201 200 2201 100 Independent claims in excess of 3									
1203 360 2203 180 Multiple dependent claim, if not paid									
1204 200 2204 100 **Reissue independent claims over original patent									
1205 50 2205 25 **Reissue claims in excess of 20 and over original patent									
**or number previously paid, if greater; For Reissue, see above									
SUBMITTED BY CUSTOMER NO. 55694					Complete (if applicable)				
Name (Print/Type)					Registration No.				
Mercedes K. Meyer, Ph.D., Esq.					44,939				
Signature					Telephone				
					202-842-8821				
					Date				
					November 30, 2005				